Request for Notification Form

(Items marked with an asterisk (*) are required for notification.)

VICTIM INFORMATION

*Name of Vid	ctim(s):
*Name of Co	ontact Person:
*Relationship	p to Victim:
*Address of	Contact Person:
*City/State/Z	Zip Code:
Home Telep	phone No.:
Work Telepl	hone No.:
Email Addre	ess:
	DEFENDANT INFORMATION
*Defendant's	s Name:
Convicted o	of:
*County of C	Conviction:
Mail to:	Victim Information Services

Fax to: 615-532-7791

P.O. Box 20207 Nashville, TN 37202

Tennessee Attorney General's Office

It is the requestor's responsibility to notify the Attorney General's Office of any changes in address or phone numbers. If you have questions, contact Lisa Helton at 615-532-1971 or Marsha Mick at 615-741-2805. Office Hours are 8:00 - 5:30, Monday through Friday.